

Case Number:	CM15-0060538		
Date Assigned:	04/06/2015	Date of Injury:	04/19/2014
Decision Date:	05/07/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/30/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey, New York
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 29-year-old female, who sustained an industrial injury on 04/19/2014. Treatment to date has included medications and acupuncture. Currently, the injured worker complains of intermittent moderate upper/mid back pain and stiffness and sharp low back pain and stiffness with numbness and tingling. Diagnoses included thoracic musculoligamentous injury, thoracic sprain/strain, lumbar radiculopathy and lumbar sprain/strain. Treatment plan included acupuncture and final functional capacity evaluation on 02/16/2015.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 21, 81.

Decision rationale: As per MTUS guidelines, consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability. A functional capacity evaluation may be necessary to "obtain a more precise delineation of patient capabilities than is available from routine physical examination." As per ODG guidelines, a functional capacity evaluation is "recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job." In addition, it is not recommended for "routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." There is no documentation that the patient is being admitted to a work hardening program or close or at MMI. There is no rationale for ordering this exam. Therefore, the request is considered not medically necessary.